PTO/SB/05 (06-03) Approved for use through 07/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Attom	Attorney Docket No. PF293D2							
UTILITY Fit PATENT APPLICATION		Inventor Jian Ni							
		T1 Percenter Like Ligand II							
TRANSMITTAL	Title	T1 Receptor-Like Ligand II							
(Only for new nonprovisional applications under 37 CFR 1.53(b))									
(Siny is New York States and States of States State		ess Mail Label No.							
ADDITION EL EMENTO	MS Patent Application								
APPLICATION ELEMENTS		ADDRESS TO: Commissioner for Patents							
See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
1 Fee Transmittal Form (e.g., PTO/SB/17)		7. CD-ROM or CD-R in duplicate, large table or							
(Submit an original, and a duplicate for fee processing)		Computer Program (Appendix)							
2. Applicant claims small entity status. See 37 CFR 1.27.		Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary)							
3. X Specification [Total Pages 7	9 l	a. Computer Readable Form (CRF)							
(preferred arrangement set forth below)  b. Specification Sequence Listing on:									
- Descriptive title of the invention									
- Statement Regarding Fed sponsored R & D									
<ul> <li>Reference to sequence listing, a table, or a computer program listing appendix</li> </ul>		c. X Statements verifying identity of above copies							
<ul> <li>Background of the Invention</li> <li>Brief Summary of the Invention</li> </ul>		ACCOMPANYING APPLICATIONS PARTS							
<ul> <li>Brief Description of the Drawings (if filed)</li> <li>Detailed Description</li> </ul>		9. Assignment Papers (cover sheet & document(s))							
Claim(s)     Abstract of the Disclosure		10. 37 CFR 3.73(b) Statement (when there is an assignee) Power of Attorney							
4. X Drawing(s) (35 U.S.C. 113) [Total Sheets	4 1	11. English Translation Document (if applicable)							
	3 1	12 X Information Disclosure Copies of IDS							
a. Newly executed (original or copy)	Statement (IDS)/P10-1449								
Converge a prior application (27 CER 1 63(d))		Deturn Descint Restaurd (MRER 503)							
b. X Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		(Should be specifically itemized)							
i. DELETION OF INVENTOR(S)		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)							
Signed statement attached deleting inventor(s) named in the prior application,		Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).							
see 37 CFR 1.63(d)(2) and 1.33(b).		Applicant must attach form PTO/SB/35 or its equivalent.							
		17. X Other: Copy of Statement Under 37 C.F.H. § 3.73, Revocation of Prior Powers of Attorney or							
O W Application Data Chart Cas 07 OFD 4 70 to Dance 7	-4-11	Authorizations of Agent, and Power of							
6. X Application Data Sheet. See 37 CFR 1.76 [3 Pages T	olaij	Attorney or Authorization of Agent from prior Application No. 09/317,641 (2 pages)							
18. If a CONTINUING APPLICATION, check appropriate box.	. and supp								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:									
Continuation X Divisional Continuation									
Prior application information: Examiner D. Jiang Art Unit: 1646									
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.									
19. CORRESPONDENCE ADDRESS									
X Customer Number: 22195 OR Correspondence address below									
X Customer Number: 22195 OR Correspondence address below									
Name									
Address									
City St.	ate	Zip Code							
Country Te	elephone	Fax							
Name (Print/Type) Lin لج. Hymęl Registration No. (Attorney/Agent) 45,414									
Signature Date October 27, 2003									

Use in lieu of PTO/SB/17 (08-03) (Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL			Complete if Known					
			ation	Numb	r Not Yet Assigned	Not Yet Assigned		
for EV 2004		Filing Date			Concurrently Herew	Concurrently Herewith		
for FY 2004		First Named Inventor			or Jian Ni	Jian Ni		
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name			Not Yet Assigned	Not Yet Assigned		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit				N/A	N/A		
TOTAL AMOUNT OF PAYMENT (\$) 2,374.00		Attomey Docket No. PF293D2						
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)						
Credit Money	_	00171	2012		CALCOLATION (continued)			
Check Card Order Other None 3. ADDITIONAL FEES								
χ Deposit Account:	Large Entity Small Entity							
Deposit Account 08-3425	Fee	Entity Fee	Fee	Fee	For Deposituation			
Number	Code	(\$)	Code	(\$)	Fee Description	Fee Paid		
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge – late filing fee or oath			
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee on sheet.	rcover		
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification			
X Charge any additional fee(s) during the pendency of this	1812	2,520	1812	2,520	For filling a request for <i>ex parte</i> reexaminat	ion		
	1804	920*	1804	920*	Requesting publication of SIR prior to			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805	1,840*	Examiner action Requesting publication of SIR after			
FEE CALCULATION	1251	110	2251	55	Examiner action  Extension for reply within first month			
1. BASIC FILING FEE	1252	420	2252		Extension for reply within second month	,		
Large Entity Small Entity	1253	950	2253	475	Extension for reply within third month			
Fee Fee Fee Fee Fee Description Fee Paid  Code (\$) Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month			
1001 770 2001 385 Utility filing fee 770.00	1255	2,010	2255	1,005	Extension for reply within fifth month			
1002 340 2002 170 Design filing fee		330	2401	165	Notice of Appeal			
1003 530 2003 265 Plant filing fee		330	2402	165	Filing a brief in support of an appeal			
004 770 2004 385 Reissue filing fee		290	2403	145	Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	•	Petition to institute a public use proceed	ding		
SUBTOTAL (1) (\$) 770.00	1452 1453	110 1,330	2452 2453		Petition to revive – unavoidable			
2. EVEDA CLAIM EEEC FOR LEIL ITV AND DEICCHE	1501	1,330	2501		Petition to revive - unintentional Utility issue fee (or reissue)	$\vdash$		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from	1502	480	2502		Design issue fee			
Claims below Fee Paid Total Claims 90 -20** = 70 x 18.00 = 1,260.00	1502	640	2502		Plant issue fee	<u> </u>		
Independent		130	1460		Petitions to the Commissioner			
Claims 7 -3** = 4 x 86.00 = 344.00		50	1807		Processing fee under 37 CFR 1.17(g)			
	1807 1806	180	1806		Submission of Information Disclosure S	.mt		
Large Entity   Small Entity     Fee   Fe	8021	40	8021		Recording each patent assignment per	····		
Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20					property (times number of properties) Filing a submission after final rejection			
1201 86 2201 43 Independent claims in excess of 3		770	2809	385	37 ČFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid		770	2810	385	or each additional invention to be camined (37CFR 1.129(b))			
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Continued Examination (RC	CE)		
1205 18 2205 9 ** Reissue claims in excess of 20		900	1802	900	Request for expedited examination of a design application			
and over original patent	Other	Other fee (specify)						
SUBTOTAL (2) (5) 1,604.00	*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00						
**or number previously paid, if greater; For Reissues, see above								
SUBMITTED BY	ration No	). I.,	- 444	(Complete (if applicable))	0045			
Name (Print/Type) Lin J. Hymel		pistration No. orney/Agent) 45,414 Telephone (301) 251-6015				6015		
Signature 1. H					Date October 27	7, 2003		